Fill in this information to identify your case:						
Debtor 1	June Marie Fishe	•				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY				
Case number 19-29950						
(II Allowity						

(II KII	OWIT)	-	k if this is an nded filing
	ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Informatio	on	12/15
info you	is complete and accurate as possible. If two married people are filing together, both are equally responsite mation. Fill out all of your schedules first; then complete the information on this form. If you are filing an original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	ole for supply nended sched	ing correct dules after you file
Pai	Summanze Your Assets		assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	126,150.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,943.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	136,093.00
Par	t 2: Summarize Your Liabilities		
			liabilities ntyou owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule	D \$	173,041.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	50,438.49
	Your total liability	ties \$	223,479.49
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,576.90
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,133.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with	ith your other:	schedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	y for a person	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Chec	k this box and	submit this form to

Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Case 19-29950-CMG Document Page 2 of 31

Debtor 1	June	Marie	Fisher
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Case number (if known) 19-29950

the court with your other schedules.

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,168.90

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	alm
From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 3 of 31

		Document	Page 3 of 31		
ill in this inform	nation to identify your c	ase and this filing:			
Debtor 1	June Marie Fisher	-			
	First Name	Middle Name I	ast Name		
Debtor 2 Spause, if filing)	First Name	Middle Name I	_ast Name		
-			asi Hame		
Inited States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number _1	19-29950				Check if this is ar
		· · · · · · · · · · · · · · · · · · ·			amended filing
)	106A/D				
	<u>rm 106A/B</u> e A/B: Prop e	artv			12/15
		ems. List an asset only once. If an a	egot fite in more than one	category liet the asset in th	
fits best. Be as co	omplete and accurate as po	ssible. If two married people are filing	g together, both are equa	lly responsible for supplying	correct information. If
ore space is need	ed, attach a separate sheet	to this form. On the top of any addition	onal pages, write your na	me and case number (if knov	vn). Answer every questio
Part 1: Describe I	Each Residence, Building, L	and, or Other Real Estate You Own o	r Have an Interest In		
Do you own or h	ave any legal or equitable in	terest in any residence, building, lan	d, or similar property?		
.		•			
No. Go to Part					
☐ Yes. Where is	s the property?				
Part 2: Describe	Your Vehicles				
□ No ■ Yes					
	Honda Accord	Who has an interest in the p □ Debtor 1 only	roperty? Check one	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
_	2015	Debtor 2 only		Current value of the	Current value of the
Approximate			ý	entire property?	portion you own?
Other inform	nation:	At least one of the debtors	and another		
		Check if this is communi	ity property	\$3,500.00	\$1,750.00
		(sea mandana)			
-	2012 Honda CRV	Who has an interest in the p	roperty? Check one	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Model: Year:		Debtor 1 only Debtor 2 only			, , ,
Approximate	e mileage: 1030		y	Current value of the entire property?	Current value of the portion you own?
Other inform	nation:	At least one of the debtors			
		Check if this is communi	ity property	\$4,000.00	\$4,000.00
		<u> </u>			
. Watercraft, air	rcraft, motor homes, AT	Vs and other recreational vehicl	es, other vehicles, an	d accessories	
Examples: Boar	ts, trailers, motors, persor	nal watercraft, fishing vessels, sno	wmobiles, motorcycle a	accessories	
■ No					
■ No					
- 1 C2					

Official Form 106A/B

De	ebtor 1	June Marie Fisher Case	number (if known)	19-29950
5		e dollar value of the portion you own for all of your entries from Part 2, including any you have attached for Part 2. Write that number here		\$5,750.00
Pa	rt 3: Der	scribe Your Personal and Household Items		
		vn or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Example No	old goods and furnishings les: Major appliances, furniture, linens, china, kitchenware		ciains of exemptions.
	☐ Yes.	Describe		
7.	Electron Example	nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, including cell phones, cameras, media players, games	scanners; music o	collections; electronic devices
	_	Describe		
8.	Example	bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art o other collections, memorabilia, collectibles	bjects; stamp, coir	n, or baseball card collections;
	■ No □ Yes.	Describe		
9.		eent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf of musical instruments	lubs, skis; cances	and kayaks; carpentry tools;
	■ No □ Yes.	Describe		
10.	Firearn Examp ■ No	ms oles: Pistols, rifles, shotguns, ammunition, and related equipment		
		Describe		
11.	Clothes Examp	es oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
		Describe		
12.	■ No	y ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry Describe	, watches, gems,	gold, silver
13.	Non-fa	nrm animals ples: Dogs, cats, birds, horses		
	■ No	Describe		
14.	■ No	ther personal and household items you did not already list, including any health aids it	you did not list	
15	i. Add t for Pa	the dollar value of all of your entries from Part 3, including any entries for pages you lart 3. Write that number here	have attached	\$0.00
			l	

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 5 of 31

Debtor	^{r 1} <u>June Mai</u>	rie Fisher	Case number (if known) 19-29950	
	k <i>amples:</i> Money y No	ou have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
Ex	institutio	g, savings, or other financial acc	ounts; certificates of deposit; shares in credit unions, brokerage houses, and s with the same institution, list each.	other similar
	No Yes		Institution name:	
		17.1. Checking	TD Bank Closed a couple years ago	\$0.00
		17.2.	PNC xxx1183	\$633.00
		17.3.	PNC xxx1204	\$560.00
		ds, or publicly traded stocks nds, investment accounts with br	okerage firms, money market accounts	
	No Yes	Institution or issuer	name:	
ar ■ I	nd joint venture No	c information about them		partnership,
		Name of entity:	% of ownership:	
Ne Ne ■ I	egotiable instrum on-negotiable ins No	ents include personal checks, car	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
		Issuer name:		
	•		403(b), thrift savings accounts, or other pension or profit-sharing plans	
<u></u>	Yes. List each ac	count separately. Type of account:	Institution name:	
Yo E	our share of all ur x <i>amples:</i> Agreem		o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or other	rs
	No Yes		Institution name or individual:	
23. An	•	, , ,	ey to you, either for life or for a number of years)	
— '	Yes	Issuer name and description.		
		Capital Group American F Account Closed 2020	-unds	\$0.00
26	U.S.C. §§ 530(b)	cation IRA, in an account in a c (1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition program.	
	No Yes	Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
O#F-1:-1	F 4004 /D		Cabadula A/D: Diamadu	

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 6 of 31

De	ebtor 1	June Marie Fisher	Case number (if known)	19-29950
25	Truete	equitable or future interests in property (other than anything listed in li	ne 1) and rights or nowers ex	ercisable for your benefit
	■ No	Give specific information about them	no 1% and rights of povious sa	
26.		s, copyrights, trademarks, trade secrets, and other intellectual property ples: Internet domain names, websites, proceeds from royalties and licensing	agreements	
		Give specific information about them		
27.		es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holdings, lic	quor licenses, professional licens	es
		Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own?
				Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you		
		Give specific information about them, including whether you already filed the	returns and the tax years	
29.		support oles: Past due or lump sum alimony, spousal support, child support, maintena	nce, divorce settlement, propert	y settlement
	■ No			
	⊔ Yes.	Give specific information		
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefits, sick pay benefits; unpaid loans you made to someone else	y, vacation pay, workers' compe	nsation, Social Security
	■ No □ Yes.	Give specific information		
31.	Examp	ts in insurance policies pies: Health, disability, or life insurance; health savings account (HSA); credit,	homeowner's, or renter's insura	nce
	■ No □ Yes	Name the insurance company of each policy and list its value.		
	_ ,,,,,		Beneficiary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policine has died.	cy, or are currently entitled to rec	eive property because
	■ No □ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or made a ples: Accidents, employment disputes, insurance claims, or rights to sue	demand for payment	
	■ No □ Yes.	Describe each claim		
34	_	contingent and unliquidated claims of every nature, including countercla	aims of the debtor and rights t	o set off claims
	■ No □ Yes.	Describe each claim		
35.	. Any fin	nancial assets you did not already list		
	■ No	Give specific information		

Official Form 106A/B

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 7 of 31

Debto	or 1	June Marie Fisher		Case number (if known)	19-29950
36 . 4	Add t for Pa	the dollar value of all of your entries from Part 4, including art 4. Write that number here	any entries for pag	es you have attached	\$1,193.00
Part 5	De	scribe Any Business-Related Property You Own or Have an Interes	t in. List any real estate	in Part 1.	
	•	own or have any legal or equitable interest in any business-related	property?		
	No. Go	o to Part 6.			
	Yes. C	Go to line 38.			
Part 6		escribe Any Farm- and Commercial Fishing-Related Property You O you own or have an interest in farmland, list it in Part 1.	wn or Have an Interest	ln.	
46 D	lo voi	u own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
_	_ •	Go to Part 7.		.g	
	⊐ Yes	s. Go to line 47.			
		_			
Part 7	7:	Describe All Property You Own or Have an Interest in That You D	id Not List Above		
53. D	o you	u have other property of any kind you did not already list?			
		ples: Season tickets, country club membership			
	No				
	Yes.	Give specific information			
54.	Add 1	the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8	8;	List the Totals of Each Part of this Form			
55.	Part	1: Total real estate, line 2	•••••	••••••	\$0.00
56.	Part :	2: Total vehicles, line 5	\$5,750.00		
57 .	Part	3: Total personal and household items, line 15	\$0.00		
58.	Part -	4: Total financial assets, line 36	\$1,193.00		
59.	Part	5: Total business-related property, line 45	\$0.00		
60.	Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$6,943.00	Copy personal property t	total \$6,943.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$6,943.00

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 8 of 31

			Boodinone	•	age o or or		
Fill	in this infor	mation to identify your	case:				
Det	otor 1	June Marie Fishe	r]	
D-1	ht 0	First Name	Middle Name	L	ast Name		
	otor 2 ouse if, filing)	First Name	Middle Name	L	ast Name		
Uni	ted States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSE	Y			
Cas	se number	19-29950					
	nown)	13-23330					Check if this is an amended filing
<u> </u>	ficial Fo	orm 106C					
Sc	chedul	e C: The Pro	operty You Cla	im	as Exempt		4/19
he p	property you l	listed on <i>Schedule A/B: I</i> nd attach to this page as	Property (Official Form 106A/B)	as y	ther, both are equally responsible four source, list the property that you age as necessary. On the top of any	ı claim as ex	kempt. If more space is
pe iny und exe	cific dollar a applicable s ds—may be t mption to a p	mount as exempt. Alter tatutory limit. Some ex unlimited in dollar amo	natively, you may claim the femptions—such as those for unt. However, if you claim ar	iull fa r heal n exer	ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain mption of 100% of fair market val determined to exceed that amour	eing exemp benefits, an ue under a	ted up to the amount of id tax-exempt retirement law that limits the
Par	rt 1: Identi	fy the Property You Cla	im as Exempt				
1.	Which set o	f exemptions are you c	laiming? Check one only, eve	n if vo	our spouse is filing with you.		
	☐ You are c	laiming state and federal	nonbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	You are c	laimino federal exemptio	ns. 11 U.S.C. § 522(b)(2)		•		
2		•	• (///	omnt	fill in the information below.		
۷.		ion of the property and line		•	ount of the exemption you claim	Specific la	ws that allow exemption
		that lists this property	portion you own				
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
		Lane Leisure Knoll			\$25,150.00	11 U.S.C	. § 522(d)(1)
	Mancheste Ocean Cou	er Township, NJ 0879 untv	59		100% of fair market value, up to		
	FMV - \$14	5,000.00			any applicable statutory limit		
	COS - \$18, Line from So						
	16 Twyford	l Lane Leisure Knoll	\$400.4F0.00		¢400.00	11 U.S.C	. § 522(d)(5)
	Mancheste	er Township, NJ 087			\$132.00	1. 0.0.0	. 3 0(0)
	Ocean Cou				100% of fair market value, up to any applicable statutory limit		
	COS - \$18,	850.00			шу трристою отпасту шим		
	Line from So	chedule A/B:					
2	Are you clai	ming a homostoad eve	mption of more than \$170,35	n2			
J.					filed on or after the date of adjustme	ent.)	
	■ No						

□ No □ Yes

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 9 of 31

		Document	Page 9 0	131		
Fill in this information to ident	tify you	r case:				
Debtor 1 June Mari	e Fish	er				
First Name	•	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court	for the:	DISTRICT OF NEW JERSEY				
Case number 19-29950 (if known)					- Charle	if this is an
()						ed filing
		· · · · · · · · · · · · · · · · · · ·				3
Official Form 106D						
Schedule D: Credi	tors	Who Have Claims S	ecured	by Property	<u>y</u>	12/15
		two married people are filing together, number the entries, and attach it to this				
Do any creditors have claims sections.	ured by y	your property?				
☐ No. Check this box and s	ubmit th	is form to the court with your other	schedules. Yo	ou have nothing else	to report on this form.	
Yes. Fill in all of the inform	mation b	pelow.				
Part 1: List All Secured Clai	ims					
		ore than one secured claim, list the credite			Column B	Column C
as possible, list the claims in alphabe		rticular claim, list the other creditors in Pa er according to the creditor's name.	ert 2. As much	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
Westlake Portfolio Management, LLC		Describe the property that secures the	e claim:	\$18,089.00	\$4,000.00	\$14,089.00
Creditor's Name		2012 Honda CRV 103000 mile				
Attn. Baukmintai						
Attn: Bankruptcy Po Box 76809	'	As of the date you file, the claim is: Ch	eck all that			
Los Angeles, CA 9005	4	apply. Contingent				
Number, Street, City, State & Zip Co	ode	Unliquidated				
Who owes the debt? Check one.		Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mo	ortgage or secur	red		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		Statutory lien (such as tax lien, mech	anic's lien)			
At least one of the debtors and an Check if this claim relates to a	other	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)				
community debt						
Opene 08/21						
Date debt was Incurred Active	02/22	Last 4 digits of account numbe	r 1619			
						-
Add the dollar value of your entri	es in Co	lumn A on this page. Write that number	r here:	\$18,08	9.00	
•		ne dollar value totals from all pages.		\$18,08		
Part 2: List Others to Be Not	ified fo	r a Debt That You Already Listed				
to collect from you for a debt you o	we to so	notified about your bankruptcy for a de meone else, list the creditor in Part 1, in Part 1, list the additional creditors h	and then list th	e collection agency he	re. Similarly, if you have	more than one
[] Name, Number, Street, City,	State &	Zip Code	On which	line in Part 1 did verr or	nter the creditor? _2.1_	
Westlake Portfolio N			On which	i inie in rait i did you er	ite die deutor _ Z. I	
4751 Wilshire Bvld Los Angeles, CA 900	010		Last 4 dig	gits of account number_	_	

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 10 of 31

		Doddiii	ent rage 10 or 01	<u>_</u>
Fill in this	s information to identify your ca	ase:		
Debtor 1	June Marie Fisher			7
DODIO! !	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, fil	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	DISTRICT OF NEW J	ERSEY	
Case num	nber 19-29950			
(if known)				■ Check if this is an
				amended filing
				-
<u>Official</u>	Form 106E/F			
Sched	ule E/F: Creditors Wh	no Have Unsed	cured Claims	12/15
Schedule G D: Creditori	: Executory Contracts and Unexpire s Who Have Claims Secured by Projection Page to this page. If you have	d Leases (Official Form perty. If more space is ne	 Also list executory contracts on Schedule A/B: F 106G). Do not include any creditors with partially seded, copy the Part you need, fill it out, number the in a Part, do not file that Part. On the top of any ac 	secured claims that are listed in Schedule entries in the boxes on the left. Attach
Part 1:	List All of Your PRIORITY Uns	ecured Claims		
1. Do any	creditors have priority unsecured of	laims against you?		
■ No.	. Go to Part 2.			
☐ Yes	3 .			
Part 2:	List All of Your NONPRIORITY	Unsecured Claims		
3. Do any	y creditors have nonpriority unsecui	ed claims against you?		
□ No.	. You have nothing to report in this part	. Submit this form to the c	ourt with your other schedules.	
■ Yes	S .			
claim,	list the creditor separately for each clai	m. For each claim listed, ic	der of the creditor who holds each claim. If a credit dentify what type of claim it is. Do not list claims alread ave more than three nonpriority unsecured claims fill of	dy included in Part 1. If more than one out the Continuation Page of Part 2.
				Total claim
	Community Medical Center	Last 4 digi	its of account number	\$780.00
	onpriority Creditor's Name	When was	the debt incurred?	
	ceanport, NJ 07757-0903			
	umber Street City State Zip Code	As of the c	date you file, the claim is: Check all that apply	
W	tho incurred the debt? Check one.	☐ Conting	gent	
	Debtor 1 only	☐ Unliquid		
	Debtor 2 only	☐ Dispute		
	Debtor 1 and Debtor 2 only	•	on Division of the control of the co	
	At least one of the debtors and anoth			
	Check if this claim is for a commu		ions arising out of a separation agreement or divorce	that you did not
	the claim subject to offset?	- — +594.	riority claims	and you did not
	No	☐ Debts t	o pension or profit-sharing plans, and other similar del	ots
] Yes	■ Other	Specify	
·-	- ·	— Outer. (ореску	

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 11 of 31

Debto	1 June Marie Fisher	Case number (if known) 19-29950		
4.2	Deborah Specialty Physicians Nonpriority Creditor's Name Attn: #15823X P.O. Box 14000	Last 4 digits of account number When was the debt incurred?	\$31.63	
	Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply Contingent		
	Debtor 1 only			
	☐ Debtor 2 only			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
٠	☐ At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.3	IC System Nonpriority Creditor's Name	Last 4 digits of account number 4370	\$460.00	
	Attn: Bankruptcy Dept. 444 Highway 96 East PO Box 64378	When was the debt incurred?		
	Saint Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	_	blor 2 only		
	Debtor 1 and Debtor 2 only	Disputed		
	·	Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.4	Millstone Twp Fire District Nonpriority Creditor's Name	Last 4 digits of account number	\$150.00	
	PO Box 949 Matawan, NJ 07747-0949	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify		

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 12 of 31

Debto	1 June Marie Fisher		Case number (if known) 19-29950				
4.5	Nissan Motor Acceptance Corp/Infinity Lt Nonpriority Creditor's Name	Last 4 digits of account number	0251	\$2,999.00			
	Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	i claim:				
	☐ At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes		totalled in 2021in a car accident. d all insurance funds to 2012 Honda CRV				
4.6	Optum Rx	Last 4 digits of account number		\$365.00			
	Nonpriority Creditor's Name PO Box 9040 Carlsbad, CA 92018-9040	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	Untiquidated					
	☐ Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:				
	At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify					
4.7	Quality Medical Transport Nonpriority Creditor's Name	Last 4 digits of account number		\$460.00			
	co Stillman Law 50 Tower Office Park	When was the debt incurred?					
	Woburn, MA 01801 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	☐ Untiquidated					
	☐ Debtor 2 only	☐ Disputed					
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:				
	At least one of the debtors and another	Student loans					
	☐ Check If this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other, Specify					

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 13 of 31

Debtor	1 June Ma	arie Fisher		Case nur	mber (if known)	19-29950		
Part 3 5. Use the trying	RWJ Heal Nonpriority Cr PO Box 2' New York Number Stree Who incurred Debtor 1 c Debtor 1 c Debtor 1 c At least or Check if t Is the claim s No Yes List Other	th Network reditor's Name 1989 NY 10087-0001 ret City State Zip Code of the debt? Check one. renly rend Debtor 2 only re of the debtors and another this claim is for a community debt subject to offset? res to Be Notified About a Debt of you have others to be notified about resulting the subject to some or	ut your bankruptcy, for a debt that y	ed claim: paration agreing plans, ar	eement or divorce and other similar de	that you did not bts or 2. For example	ere. Similarly, if you have	
more	than one cred	itor for any of the debts that you listor 2, do not fill out or submit this p	ted in Parts 1 or 2, list the additional	l creditors l	nere. If you do no	t have additiona	l persons to be notified for	
•	and Address	0	n which entry in Part 1 or Part 2 did yo		-	h. Hanne	·	
Attn: Po Bo	Bankruptcy	1			reditors with Priori reditors with Nonp	=		
SL Pa	aul, MN 551		ast 4 digits of account number					
Dr Vij 25 Mu	and Address jay Kamath ule Rd UNIT s River, NJ (Li B5 08755	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number					
Nissa Corpa Pob 6	and Address an Motor Ad /Infinity Lt 560366 s, TX 75266	c ceptance Li	ne <u>4.5</u> of (Check one):	Part 2: Creditors with Nonpriority Unsecured Claims				
	and Address		n which entry in Part 1 or Part 2 did yo		•			
P. O.	ity Medical Box 320 ille, NJ 087	21	 '		Creditors with Prior Creditors with Nonp	•		
		A	and Chi-					
			ecured Claim 5. This information is for statistical r	reporting pu		_	I the amounts for each type	
	6	a. Domestic support obligations		6a.	*	Claim 0.0	<u>o</u>	
Total c	eart 1 6	c. Claims for death or personal in	-	6b. 6c. 6d.	\$ \$ \$	0.0 0.0 0.0	<u>0</u>	
	6	e. Total Priority. Add lines 6a throu	gh 6d.	6e.	\$	0.0	0	
	6	f. Student loans		6f.	Total	Claim	0	
Total c		g. Obligations arising out of a sep did not report as priority claims	paration agreement or divorce that y	ou 6g.	\$	0.0	_	

Official Form 106 E/F

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 14 of 31

Debtor 1	June Mar	ie Fisher	Case n	umber (if known)	19-29950	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount he	ere. 6i.	\$	5,495.63	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	5,495.63	

Fill	in this informa	ation to identify yo	our case:					
Deb	etor 1	June Marie F	isher			Che	eck if this is:	
			·				An amended filing	
	otor 2						A supplement sho	wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as or	the following date:
Unit	ted States Bankr	uptcy Court for the:	DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
	nown)	9-29950						
0	fficial Fo	rm 106J						
S	chedule	J: Your	 Exner	1888				12/1:
Be info nur	as complete ormation. If m mber (if know	and accurate as	possible eded, atta ry questio	If two married people and the control of the contro	re filing together, b form. On the top o	ooth are e	qually responsible itional pages, write	for supplying correct your name and case
1.	t 1: Desci		enoid	· · · · · · · · · · · · · · · · · · ·				
	■ No. Go to	o line 2. es Debtor 2 live	in a separ	ate household?				
			st file Offic	ial Form 106J-2, Expenses	s for Separate Hous	ehold of D	ebtor 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D and Debtor 2		☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto	r 2	Dependent's age	Does dependent live with you?
	Do not state	the					गत्तकः । इस्राज्यासम्बद्धाः शतकात्रकस्यः	□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No
								Yes
								□ No □ Yes
3.	Do your ext	penses include	_	••			_	. Li fes
V.	expenses o	of people other t d your depende	than _—	No Yes				
Est	timate your ex	a date after the	our bankr	uptcy filing date unless y	ou are using this tolerantal Schedul	form as a e <i>J</i> , check	supplement in a Ch the box at the top	napter 13 case to report of the form and fill in the
the	lude expense value of suc fficial Form 10	h assistance an	non-cash id have in	government assistance i cluded it on <i>Schedule I:</i> \	f you know <i>four income</i>		Yourex	senses.
4.		or home owners nd any rent for th		ses for your residence. I or lot.	nclude first mortgag	ge 4.	\$	1,465.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a .	\$	0.00
	•	erty, homeowner'	-			4b.		0.00
			•	upkeep expenses		4c.		100.00
_		eowner's associa		dominium dues our residence, such as ho	mo oquity leans	4d. 5	\$ 	0.00
.7								

Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Do not include car payments. It \$ 100.00 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance Is \$ 0.00 15b. Health insurance Is \$ 0.00 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specity: 15d. \$ 0.00 15d. Other insurance. Specity: 15d. \$ 0.00 15d. Other insurance. Specity: 16d. \$ 0.00 Installment or lease payments: 17a. \$ 435.00 17b. Car payments for Vehicle 1 17c. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 19c. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 108). Other payments you make to support others who do not live with you. Specify: 19c. Other specify: 19c. Other specify expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep exp	Debtor 1	June Marie Fisher	Case num	ber (if known)	19-29950
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, intermet, satellite, and cable services 6c. \$ 127.00 6c. Other. Specify: 6d. S 0.00 6d. S 0.00 6d. Other. Specify: 6d. S 0.00					
6b. \$ 45.00 c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 127.70 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7, \$ 333.00 Food and housekeeping supplies 7, \$ 333.00 Clothing, laundry, and dry cleaning 9, \$ 30.00 Clothing, laundry, and dry cleaning 9, \$ 30.00 Food and housekeeping supplies 10, \$ 25.00 Medical and derhale syeneses 10, \$ 25.00 Medical and derhale syeneses 11, \$ 185.00 Food include car payments. 12, \$ 80.00 Installation, Include gas, maintenance, bus or train fare. Do not include car payments. 12, \$ 80.00 Charitable contributions and religious donations 14, \$ 25.00 Installation include gas, maintenance 60.00 Food include insurance deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15b. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 61b. \$ 0.00 15c. Vehicle insurance 61b. \$ 0.00 15c. Vehicle insurance 61b. \$ 0.00 15d. Other insurance 61b. \$ 0.00 15d			6-	•	445.00
6c. Telephone, cell phone, Intermet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. S					
Ed. Other: Specify: 6d. \$ 0.00				·	
Food and housekeeping supplies				·	
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 33.00 Medical and dental expenses 11. \$ 150.00 Medical and dental expenses 12. \$ 80.00 Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.00 Charitable contributions and religious donations 14. \$ 25.00 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance 15d. Other insurance, specify. 15d. Other insurance, specify. 15d. Other insurance, specify. 15d. Other insurance or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify. 17d. Other, Specify. 17d. Other, Specify. 19d. Other insurance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). Other payments of other property Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, hermowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20c. \$ 0.00 20c. Property, hermowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses or Debtor 2), if any, from Official Form 106J-2 22c. Add lines 4 through 21. 23a. Copy june 12 (your combined monthly income) from Schedule 1. 23a. Copy upon monthly expenses from your monthly expenses or decrease because of a fere example, object your monthly expenses from your monthly expenses or decrease or decrease in your expenses within the year after you					
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15a. Life insurance					
15b. Health insurance 15b. \$ 0.00			4=	_	
15c. Vehicle insurance 15c. \$ 106.00				·	
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···-···			origaye þi	ayment to more	or decrease accorde or a
■ No.		, , ,			
■ No. ☐ Yes Explain here:					

Fill in this info	ormation to identify your	case:			
Debtor 1	June Marie Fishe	•	_		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
-	Bankruptcy Court for the:	DISTRICT OF NEW JERSE	=v		
United States	Bankrupicy Court for the.	DISTRICT OF NEW JERGE			
Case number	19-29950				
(if known)					Check if this is an amended filing
					amended liling
Official Fo	rm 106Dec				
		n Individual D	ehtor's Sche	dules	12/15
Doolard	ttion About a	ii iiidividadi B	Obtol o Collo		
If two married	people are filing togethe	r, both are equally responsi	ble for supplying correct i	information.	
obtaining mor		n connection with a bankrup			ment, concealing property, or), or imprisonment for up to 20
s	ign Below				
Did you	pay or agree to pay some	one who is NOT an attorney	y to help you fill out bankr	uptcy forms?	
■ No					
☐ Yes	. Name of person			Attach Bankr	uptcy Petition Preparer's Notice,
				Declaration, a	and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.					
ulat uley	are true and correct.	Qu, m 1 1.	`		
	une Marie Fisher / \	Jes M Fisher	X Signature of Dobt		
June	Marie Fisher / /	7	Signature of Debt	Or 2	

Date

June Marie Fisher Signature of Debtor 1

Date April 22, 2022

Fill in	this info	ormation to identify your	case:			
Debtor	1	June Marie Fishe				
Debtor	. 2	First Name	Middle Name	Last Name		
(Spouse		First Name	Middle Name	Last Name		
United	States I	Bankruptcy Court for the:	DISTRICT OF NEW JER	SEY		
	number	19-29950				
(if known)					Check if this is an amended filing
Offic	ial F	orm 107				
			Affairs for Individ	luals Filing for B	ankruptcy	4/19
inform	ation. If		attach a separate sheet to	are filing together, both are this form. On the top of an		
Part 1	Give	Details About Your Mai	rital Status and Where You	Lived Before		
1. W	hat is ye	our current marital status	s?			
П	Marri	ed.				
		narried				
2. Dı	uring the	e last 3 years, have you l	ived anywhere other than	where you live now?		
	l No					
		List all of the places you li	ved in the last 3 years. Do n	ot include where you live now	v.	
ם	ebtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. W states a	ithin the and territ	e last 8 years, did you ev fories include Arizona, Cal	e r live with a spouse or le ifornia, Idaho, Louisiana, Ne	gal equivalent in a commu evada, New Mexico, Puerto R	nity property state or ico, Texas, Washingto	territory? (Community property n and Wisconsin.)
	l No					
	Yes.	Make sure you fill out <i>Sch</i>	edule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Ехр	lain the Sources of Your	Income			
Fi	ll in the t	otal amount of income you	received from all jobs and	ng a business during this y all businesses, including par re together, list it only once u	t-time activities.	us calendar years?
	No Yes.	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	

Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Case 19-29950-CMG Document Page 19 of 31

De	btor 1	Ju	ne Marie I	Fisher			Case	e number (if known)	19-29950	
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.							uits; royalties; and		
	List	each s	source and	the gross inc	come from each sour	ce separately.	Do not include income	hat you listed in li	ne 4.	
		No								
		Yes.	Fill in the de	etails.						
					Debtor 1 Sources of incon Describe below.	e: (b	iross income from ach source pefore deductions and xclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
			dar year: December	31, 2018)	Social Security Benefits		\$1,802.55			
					Pension Incom	e	\$14,027.00			
			dar year be December		Pension Incom	e	\$14,027.00			
Pa	ırt 3:	List	: Certain Pa	ayments Yo	u Made Before You	Filed for Ban	kruptcy			
6.	Are □	eithe No.	Neither D	ebtor 1 nor	2's debts primarily of Debtor 2 has prima a personal, family, o	rily consume	r debts. Consumer debt	s are defined in 11	I U.S.C. § 10	01(8) as "incurred by a
			During the	90 days be	•	kruptcy, did yo	ou pay any creditor a tota	il of \$6,825* or mo	ore?	
			□ Yes	List below paid that o	each creditor to who	le payments fo	total of \$6,825* or more or domestic support oblig			
			* Subject	to adjustme	nt on 4/01/22 and ev	ery 3 years aft	ter that for cases filed or	or after the date	of adjustmen	nt.
		Yes.			or both have prima fore you filed for bank	-	r debts. ou pay any creditor a tota	al of \$600 or more	?	
			■ No.	Go to line	7.					
			☐ Yes	include pa	each creditor to who yments for domestic y for this bankruptcy	support obliga	total of \$600 or more an ations, such as child sup	d the total amount port and alimony.	you paid that Also, do not	at creditor. Do not include payments to
	Cr	editor	's Name an	d Address	Dates	of payment	Total amount paid	Amount you still owe	Was this	payment for
 Within 1 year before you filed for Insiders include your relatives; an corporations of which you are an including one for a business you of support and alimony. 				relatives; an	y general partners; re officer, director, perso	elatives of any on in control, or	general partners; partners or owner of 20% or more	erships of which you of their voting sec	ou are a gene curities; and	eral partner; any managing agent,
		No								
		Yes.	List all payı	ments to an	insider.					
	Ins	sider's	Name and	Address	Dates	of payment	Total amount paid	Amount you still owe	Reason fo	or this payment

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 20 of 31

Del	btor 1 Jun	e Marie Fisher		Case	number (if known)	19-29950	
	-						
8.	insider?	ear before you filed for bankrup		ments or transfer a	ny property on a	ccount of a debt tha	it benefited an
	■ No						
	☐ Yes. L	ist all payments to an insider					
	Insider's l	Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this pa Include creditor's n	
Pa	rt 4: Iden	tify Legal Actions, Repossessio	ns, and Foreclosures				
9.	List all sucl	ear before you filed for bankrup n matters, including personal injur ns, and contract disputes.	tcy, were you a party in ar y cases, small claims action	ny lawsuit, court act ns, divorces, collectio	ion, or administr n suits, paternity a	rative proceeding? actions, support or cu	ıstody
	□ No						
		Fill in the details.					
	Case title Case num		Nature of the case	Court or agency		Status of the case)
		n Plaintiff vs Unknown	BankruptcyChapt	US BKPT CT NJ	TRENTON	Pending	
	Defenda 1929950	nt	er13.			☐ On appeal	
	1323330					☐ Concluded	
						Pending - 0.00	
	JUNE FIS Defenda 1929950	SHER vs Unknown nt	Bankruptcy Chapter 13	NEW JERSEY -	TRENTON	☐ Pending ☐ On appeal ☐ Concluded	
						- 0.00	
10.	Check all to	ear before you filed for bankrup hat apply and fill in the details belo o to line 11. Fill in the information below.		erty repossessed, fo	oreclosed, garnis	shed, attached, seiz	ed, or levied?
	Creditor I	Name and Address	Describe the Property		Date		Value of the
			Explain what happene	d ·			property
11.		days before you filed for bankru		cluding a bank or fin	ancial institution	n, set off any amour	nts from your
	■ No		•				
	☐ Yes. F	Fill in the details.					
	Creditor I	Name and Address	Describe the action the	e creditor took	Date : taken	action was	Amount
12.		ear before you filed for bankrup binted receiver, a custodian, or		erty in the possessi	on of an assigne	e for the benefit of	creditors, a
	■ No						
	☐ Yes						

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 21 of 31

Case number (if known) 19-29950

Pa	rt 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value					
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift or contrib	r, did you give any gifts or contributions with a to	otal value of more than	\$600 to any charity?					
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value					
Pa	rt 6: List Certain Losses								
15.	Within 1 year before you filed for bankruptcy of disaster, or gambling?	or since you filed for bankruptcy, did you lose ar	ything because of the	ft, fire, other					
	■ No □ Yes. Fill in the details.								
	how the loss occurred Include	cribe any insurance coverage for the loss de the amount that insurance has paid. List ing insurance claims on line 33 of Schedule A/B: erty.	Date of your loss	Value of property lost					
Pa	rt 7: List Certain Payments or Transfers								
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
	□ No ■ Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
	Oliver & Legg, LLC 2240 Highway 33 Suite 112 Neptune, NJ 07753 courtdocs@oliverandlegg.com	Attorney Fees		\$2,500.00					
									
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you is		y or transfer any prope	rty to anyone who					
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
18.	Within 2 years before you filed for bankruptcy	r. did you sell. trade. or otherwise transfer any pr	onerty to anyone othe	r than property					

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Debtor 1 June Marie Fisher

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Page 22 of 31 Document Case number (if known) 19-29950 Debtor 1 June Marie Fisher include gifts and transfers that you have already listed on this statement. ☐ No Yes. Fill in the details. Date transfer was Person Who Received Transfer Description and value of Describe any property or payments received or debts made property transferred **Address** paid in exchange Person's relationship to you July 19, 2019 16 Twyford Lane Refinance on July 19, 2019. Village Capital & Investment Debtor did not receive any Manchester, NJ 2863 Saint Rose Pkwy Henderson, NV 89052 monies. All proceeds were used to pay closing costs Mortgage Company and used to pay the existing mortgage at that time. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or Code moved, or transfer transferred \$0.00 **PNC** XXXX-1299 ☐ Checking Closed Feb 2022 □ Savings ☐ Money Market □ Brokerage ☐ Other **PNC** Closed in Feb \$0.00 XXXX-4385 ☐ Checking 2022 □ Savings ☐ Money Market □ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details.

Who else had access to it?

Address (Number, Street, City,

State and ZIP Code)

Describe the contents

Address (Number, Street, City, State and ZIP Code)

Name of Financial Institution

Do you still

have it?

Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Case 19-29950-CMG Desc Main Page 23 of 31 Document Case number (if known) 19-29950 Debtor 1 June Marie Fisher 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else has or had access Describe the contents Name of Storage Facility have it? to it? Address (Number, Street, City, State and ZiP Code) Address (Number Street City State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ■ No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 24 of 31

Debtor	1 June Marie Fisher		Case number (if known)	19-29950	
	☐ A partner in a partnership				
	☐ An officer, director, or managing ex	ecutive of a corporation			
	☐ An owner of at least 5% of the votin				
	No. None of the above applies. Go to I	Part 12.			
	Yes. Check all that apply above and fill		s.		
	usiness Name	Describe the nature of the business	Employer Identii		
	ddress umber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include 8	Do not include Social Security number or ITIN.	
			Dates business	existed	
	ithin 2 years before you filed for bankrupt stitutions, creditors, or other parties.	tcy, did you give a financial statement	to anyone about your	business? Include all financial	
	No				
	Yes. Fill in the details below.				
Ä	ame ddress umber, Street, City, State and ZIP Code)	Date Issued			
Part 1	2: Sign Below				
are true with a last U.S. /s/ Ju June/	read the answers on this Statement of Fire and correct. I understand that making a bankruptcy case can result in fines up to C. \$\frac{1}{2}\$ 152, 1341, 1519, and 3571. The Marie Fisher And Angel Fisher Care of Debtor 1	false statement, concealing property,	or obtaining money of		
•					
Date	April 22, 2022				
	attach additional pages to Your Stateme	ent of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?	
■ No □ Yes					
■ No	pay or agree to pay someone who is no Name of Person Attach the Bankro	t an attorney to help you fill out bankri		cial Form 119).	

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 25 of 31

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

In r	e June Marie Fisher		Case No.	19-29950	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSATION O				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in a	petition in bankruptcy, or agree	ed to be paid	to me, for services rendered or to	
	For legal services, I have agreed to accept	<u> </u>		2,500.00	
	Prior to the filing of this statement I have received	<u> </u>		2,500.00	
	Balance Due		<u> </u>	0.00	
2.	\$ 28.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensation	n with any other person unless t	hey are mem	bers and associates of my law firm.	
	☐ I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the				
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	 a. Analysis of the debtor's financial situation, and rendering adv b. Preparation and filing of any petition, schedules, statement o c. Representation of the debtor at the meeting of creditors and o d. [Other provisions as needed] Exemption planning and filing of reaffirmation 	f affairs and plan which may be confirmation hearing, and any a	required;	•	
7.	By agreement with the debtor(s), the above-disclosed fee does not be Defense or prosecution of any adversarial common relief for stay motion; Challenge or avoidance confirmation hearing; Motion for loan modifical professional; Conversion from or to Chapter 7 settlement of controversy; Amendments to add searches, couriers, experts, travel and/or extra audit or United States Trustee objection to case	plaint including non-disch of any proof of claim; Addi ation or to sell or refinance to 13 or conversion from o d additional creditors; Cos aordinary Pacer or duplicat	argeable; I tional 341(a real estate or to Chapte ts relating to ion costs/c	a) appearance or ; Application to employ er 13 to 7; Notice of to credit reports, judgment charges, etc. Response to	

The Debtor(s) has agreed that this office may hire another attorney to appear for the debtor(s) at the 341 hearing.

with secured creditors.

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 26 of 31

In re	June Marie Fisher		Case No.	19-29950
		Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED (Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete statement this bankruptcy proceeding.	of any agreement or arrangement for payment to me for representation of the debtor(s) in
April 22, 2022 Date	Isl William H. Oliver, Jr. William H. Oliver, Jr. Signature of Autorney Oliver & Legg, LLC 2240 Highway 33 Suite 112 Neptune, NJ 07753 732-988-1500 Fax: 732-775-7404 courtdocs@oliverandlegg.com Name of law firm

AES
Attn: Bankruptcy
Po Box 64378

St. Paul, MN 55164

Community Medical Center P.O. Box 903 Oceanport, NJ 07757-0903

Deborah Specialty Physicians Attn: #15823X P.O. Box 14000 Belfast, ME 04915

Dr Vijay Kamath 25 Mule Rd UNIT B5 Toms River, NJ 08755

IC System
Attn: Bankruptcy Dept.
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164

Millstone Twp Fire District PO Box 949 Matawan, NJ 07747-0949

Nissan Motor Acceptance Corp/Infinity Lt Attn: Bankruptcy Po Box 660360 Dallas, TX 75266

Nissan Motor Acceptance Corp/Infinity Lt Pob 660366 Dallas, TX 75266

Optum Rx PO Box 9040 Carlsbad, CA 92018-9040

Quality Medical Transport co Stillman Law 50 Tower Office Park Woburn, MA 01801 Quality Medical Transport P. O. Box 320 Bayville, NJ 08721

RWJ Health Network PO Box 21989 New York, NY 10087-0001

Westlake Portfolio Management, LLC Attn: Bankruptcy Po Box 76809 Los Angeles, CA 90054

Westlake Portfolio Management, LLC 4751 Wilshire Bvld Los Angeles, CA 90010

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 29 of 31

United States Bankruptcy Court District of New Jersey

In re	June Marie Fisher		Case No.	19-29950
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The abo	ove-named Debtor hereby verifies that the atta	sched list of creditors is true and correct to the best of his/her knowledge.
Date:	April 22, 2022	June Marie Fisher Signature of Debtor

Fill in this informa	ation to identify your	case:				
Debtor 1	June Marie Fisher					
	First Name	Middle Name		Last Name	_	
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
United States Bank	cruptcy Court for the:	DISTRICT OF NE	W JERSEY		_	
Case number 19	9-29950					
(if known)	7-2000				■ Check if this is an	
					amended filing	
Official For						
Statement	t of Intentio	<u>n for Indiv</u>	<u>iduals</u>	Filing Under Ch	12/1 12/1	5
If you are an indivi	idual filing under cha	ntor 7 vou must fil	l out this for	ma if:		
	claims secured by yo	· •	i out uns ioi	III II.		
you have leased	d personal property a	nd the lease has no				
whicheve	er is earlier, unless th				e date set for the meeting of creditors ies to the creditors and lessors you li	
on the fo	rm					
	ple are filing together date the form.	in a joint case, bo	th are equal	ly responsible for supplying c	correct information. Both debtors mus	st
			s needed, att	ach a separate sheet to this fo	orm. On the top of any additional pag	es,
write you	ir name and case nun	iber (if known).				
Part 1: List You	r Creditors Who Have	Secured Claims	- 			
For any creditor information below		rt 1 of Schedule D	: Creditors \	Who Have Claims Secured by	Property (Official Form 106D), fill in t	he
	ow. litor and the property t	at is collateral		ou intend to do with the prope		
			secures a	debt?	as exempt on Schedule	(GY
			_		_	
Creditor's Sai	ntander Consumer	USA		ler the property. the property and redeem it.	□ No	
				the property and enter into a	■ Yes	
	2015 Honda According CoSigned for		Reaffin	mation Agreement.		
securing debt:		3. 443	⊔ Retain t	he property and [explain]:		
						
Creditor's Vill	lage Capital & Inve	stment	☐ Surrend	ler the property.	□ No	
name:	•			the property and redeem it.		
Description of	16 Twyford Lane L	eisure Knoll		the property and enter into a mation Agreement.	■ Yes	
property	Manchester Towns	hip, NJ		the property and [explain]:		
	08759 Ocean Cour FMV - \$145,000.00	ity				
	COS - \$18,850.00					
114	estlake Portfolio Ma	nagement,		ler the property.	■ No	
name: LL0	C		☐ Retain	the property and redeem it.	☐ Yes	
			☐ Retain t	the property and enter into a	□ 163	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 19-29950-CMG Doc 72 Filed 04/29/22 Entered 04/29/22 15:29:46 Desc Main Document Page 31 of 31

Debtor 1	June Marie Fisher	Case number (if known)	19-29950
Descrip propert securin		Reaffirmation Agreement. ☐ Retain the property and [explain]:	
For any u	List Your Unexpired Personal Property Lease nexpired personal property lease that you list ermation below. Do not list real estate leases.	es ed in Schedule G: Executory Contracts and Unexpired Unexpired leases are leases that are still in effect; the	d Leases (Official Form 106G), fill be lease period has not yet ended.
You may a	assume an unexpired personal property lease	if the trustee does not assume it. 11 U.S.C. § 365(p)(2).
Describe	your unexpired personal property leases		Will the lease be assumed?
Lessor's r	name: on of leased		□ No
Property:			☐ Yes
Lessor's r	name: on of leased		□ No
Property:	in or leased		□ Yes
Lessor's i			□ No
Property:	on of leased		☐ Yes
Lessor's i			□ No
Description of leased Property:			☐ Yes
Lessor's			□ No
Property:	on of leased		☐ Yes
Lessor's			□ No
Property:	on of leased		☐ Yes
Lessor's			□ No
Property:	on of leased		☐ Yes
Part 3:	Sign Below		
Under per	nalty of perjury, I declare that I have indicated that is subject to an unexpired lease.	my intention about any property of my estate that sec	cures a debt and any personal
	June Marie Fisher June M Fish	<u>w</u> x	
	e Marte Fisher / ature of Debtor 1	Signature of Debtor 2	
Date	e April 21, 2022	Date	